

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/030288	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51	
2		/				52	
3		/				53	
4		/				54	
5		/				55	
6		/				56	
7		/				57	
8		/				58	
9		/				59	
10		/				60	
11		/				61	
12		/				62	
13		/				63	
14		/				64	
15		/				65	
16		/				66	
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18		/				68	
19		/				69	
20		/				70	
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23		/				73	
24		/				74	
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28		/				78	
29		/				79	
30		/				80	
31		/				81	
32		/				82	
33		/				83	
34		/				84	
35		/				85	
36		/				86	
37		/				87	
38		/				88	
39		/				89	
40		/				90	
41		/				91	
42		/				92	
43		/				93	
44		/				94	
45		/				95	
46		/				96	
47		/				97	
48		/				98	
49		/				99	
50		/				100	
TOTAL IND.	2		2			TOTAL IND.	
TOTAL DEP.	8		7			TOTAL DEP.	
TOTAL CLAIMS	10		9			TOTAL CLAIMS	

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

ORM PTO-1360 (REV. 3-78)

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